

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/684,361
Filing Date	October 6, 2000
First Named Inventor	Alexander Gaiger
Art Unit	1644
Examiner Name	Ronald B. Schwadron, Ph.D.
Attorney Docket No.	210121.465C2

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to TC (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>):
<input checked="" type="checkbox"/> Fourth Supplemental Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	_____
<input checked="" type="checkbox"/> 2 Cited References	<input type="checkbox"/> Terminal Disclaimer	_____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	_____

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

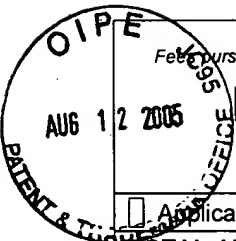
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Julie A. Urvater, Ph.D., Patent Agent		
Date	August 9, 2005	Reg. No.	50,461

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Lawrence Teague	Date:	August 9, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 678152



Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number	09/684,361
Filing Date	October 6, 2000
First Named Inventor	Alexander Gaiger
Examiner Name	Ronald B. Schwadron, Ph.D..
Art Unit	1644
Attorney Docket No.	210121.465C2

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**180**

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
_____ -20 or HP = _____	X	_____ = _____	_____	Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ -3 or HP = _____	X	_____ = _____	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

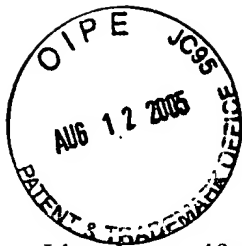
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ -100 = _____	/50 = _____	_____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Fee to Consider IDS</u>	180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	50,461	Telephone	206-622-4900
Name (Print/Type)	Julie A. Urvater, Ph.D., Patent Agent			Date	August 9, 2005



PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

August 9, 2005
Date

Lawrence Teague
Lawrence Teague

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Alexander Gaiger et al.
Application No. : 09/684,361
Filed : October 6, 2000
For : COMPOSITIONS AND METHODS FOR WT1 SPECIFIC
IMMUNOTHERAPY

Examiner : Ronald B. Schwadron, Ph.D.
Art Unit : 1644
Docket No. : 210121.465C2
Date : August 9, 2005

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FOURTH SUPPLEMENT INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents:

In accordance with 37 CFR 1.56 and 1.97 through 1.98, applicants wish to make known to the U.S. Patent and Trademark Office the references set forth on the attached Form PTO-1449. Copies of all cited references are enclosed. As to any reference cited, applicants do not admit that it is "prior art" under 35 U.S.C. §§ 102 or 103, and specifically reserve the right to traverse or antedate any such reference, as by a showing under 37 CFR 1.131 or other method. Although the aforesaid references are made known to the Patent and Trademark Office in compliance with applicants' duty to disclose all information they are aware of which is believed

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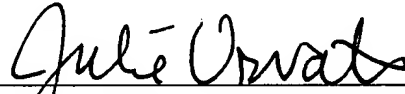
relevant to the examination of the above-identified application, applicants believe that their invention is patentable.

Please acknowledge receipt of this Fourth Supplemental Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

A fee of \$180 is submitted in accordance with 37 CFR 1.97(c). The Director is authorized to charge any other fees which may be required, or credit any overpayment to Deposit Account No. 19-1090.

Respectfully submitted,

Seed Intellectual Property Law Group PLLC



Julie A. Urvater, Ph.D., Patent Agent
Registration No. 50,461

JAU:ljt

Enclosures:

- Postcard
- Check for \$180
- Transmittal Form
- Fee Transmittal Form (+ Copy)
- Form PTO-1449
- Cited References (2)

701 Fifth Avenue, Suite 6300
Seattle, Washington 98104-7092
Phone: (206) 622-4900
Fax: (206) 682-6031

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FORM PTO-1449
(REV. 7-80)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

ATTY. DOCKET NO.

210121.465C2

APPLICATION NO.

09/684,361

**FOURTH SUPPLEMENTAL
INFORMATIONAL DISCLOSURE STATEMENT**

(Use several sheets if necessary)

APPLICANTS

Alexander Gaiger et al.

FILING DATE

October 6, 2000

GROUP ART UNIT

1644

U.S. PATENT DOCUMENTS

*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	COUNTRY	TRANSLATION	
					YES	NO
	AK	WO 00/26249	05/11/00	WIPO		
	AL					
	AM					
	AN					
	AO					

OTHER PRIOR ART (Including Author, Title, Date, Pertinent Pages, Etc.)

	AP		TrEMBL Database Accession No. Q93046, February 2, 1997.
	AQ		
	AR		

EXAMINER

DATE CONSIDERED

* EXAMINER: Initial if reference considered, whether or not criteria is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant(s).